

2812/8

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Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	332,271
	Filing Date	June 11, 1999
	First Named Inventor	Klaus Florian Schuegraf
	Group Art Unit	2812
	Examiner Name	Ron E. Pompey
Total Number of Pages in This Submission	Attorney Docket Number MI22-532	

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return Postcard Receipt; Check for \$180.00; and Form PTO-1449 and copies of cited references.
Remarks: Customer No. 021567. The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit No. 23-0925.		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	D. Brent Kenady Reg. No. 40,045; Wells, St. John P.S.
Signature	<i>[Signature]</i>
Date	5-6-02

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 05-06-02	
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00

Complete if Known

Application Number 09/322,271
Filing Date June 11, 1999
First Named Inventor Klaus Florian Schuegraf
Examiner Name Ron E. Pompey
Group Art Unit 2812
Attorney Docket No. MI22-532

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account:
Deposit Account Number 23-0925
Deposit Account Name Wells St. John P.S.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
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FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid
Total Claims -20** = X =
Independent Claims -3** = X =
Multiple Dependent =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 13	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0.00

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for ex parte reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 400	216 200	Extension for reply within second month	0.00
117 920	217 460	Extension for reply within third month	0.00
118 1,440	218 720	Extension for reply within fourth month	0.00
128 1,960	223 980	Extension for reply within fifth month	0.00
119 320	219 160	Notice of Appeal	0.00
120 320	220 160	Filing a brief in support of an appeal	0.00
121 280	221 140	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,280	241 640	Petition to revive - unintentional	0.00
142 1,280	242 640	Utility issue fee (or reissue)	0.00
143 460	243 230	Design issue fee	0.00
144 620	244 310	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Processing fee under 37 CFR 1.17(q)	0.00
126 180	126 180	Submission of Information Disclosure Stmt	180.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 740	279 370	Request for Continued Examination (RCE)	0.00
169 900	269 900	Request for expedited examination of a design application	0.00

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 180.00

SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
D. Brent Kenady	40,045	509-624-4276
Signature	Date	5-6-02

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